HEALTHY FAMILIES AND
MEDI-CAL FOR FAMILIES PROGRAMS
INVITATION TO PARTICIPATE: REGISTRATION

Mail completed ITP (registration and signed agreement):

Healthy Families EE/CAA Registration

Attention: **Mark Dandeneau** ■ 625 Coolidge Dr., Folsom, CA 95630

(800) 279-5012 ■ E-Mail: ee-caaLiaison@maximus.com

Please indicate if your organization is registering as: ____ NEW Enrollment Entity (EE)
____ RENEWING Enrollment Entity (EE)
____ UPDATING Enrollment Entity (EE)

If you checked "**RENEWING** or **UPDATING** Enrollment Entity," please write your existing EE number here: _____
(Note: If your organization has more than one EE number, please list the number that begins with "8")

Organization Name _____

Business Address _____

City _____ State _____ Zip _____

County _____

Who will be the primary contact for calls from applicants seeking local assistance?

Direct Dial Contact _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Telephone Number ( ) _____ Fax Number ( ) _____

Complete the attached site registration form to identify all sites that will be linked with this EE.

PLEASE IDENTIFY A PRIMARY CATEGORY FOR YOUR ORGANIZATION. (Check only one.) You must provide a copy of your business license or proof of tax-exempt status.

_____ **SCH – School**
_____ **PRO – Provider**
_____ **HOS – Hospital**
_____ **FBO – Faith-Based Organization**
_____ **INS – Insurance Broker or Agent**
_____ **TAX – Tax Preparer**
_____ **CLI – Clinic**
_____ **GOV – Government Funded** (***Please initial below next to the sub-category that applies to your organization):***
_____ County Department of Public Health (except those which provide health, dental or vision care to children).
_____ City Health Department
_____ **CBP – Community-Based Program** (***Please initial below next to the sub-category that applies to your organization):***
____ Licensed Day Care Provider
_____ A Direct State Maternal and Child Health Contractor
_____ WIC Supplemental Food and Nutrition for Women, Infants and Children
_____ Parent Teachers Organization
_____ Indian Health Services Facility
_____An organization meeting **ALL** of the following criteria:

1. Significant interaction with children or parents of children who represent the target market for the two programs;
2. The organization is not a licensed health, dental or vision plan, or an organization providing health dental, or vision care to children;
3. The organization has a federal Tax ID# and is a bona fide non-profit entity as determined by the Internal Revenue Service.

How many employees will be providing outreach and application assistance? _____

Your response to the following questions will provide us with information useful to applicants with language-specific needs and for linking organizations within your area that may be interested in developing collaborative outreach events.

WHAT PERCENTAGE OF EACH ETHNICITY IS SERVED BY YOUR ORGANIZATION?
(i.e., 50% Hispanic, 50% White)

_____ Alaskan Native
_____ Amerasian
_____ American Indian
_____ Asian
_____ Asian Indian
_____ Black / African American
_____ Cambodian
_____ Chinese
_____ Filipino
_____ Guamanian
_____ Hawaiian
_____ Hispanic
_____ Japanese
_____ Korean
_____ Laotian
_____ Samoan
_____ Vietnamese
_____ White
_____ Other_____

WHAT TYPE OF OUTREACH ACTIVITIES DOES YOUR ORGANIZATION CURRENTLY PROVIDE?

_____ Application Assistance
_____ Participation at Community Events
_____ Presentations
_____ None
_____ Other _____

YOUR ORGANIZATION WILL PROVIDE ASSISTANCE IN THE FOLLOWING LANGUAGES:

_____ Armenian
_____ Cambodian
_____ Chinese (Cantonese)
_____ English
_____ Farsi
_____ Hmong
_____ Korean
_____ Laotian
_____ Russian
_____ Spanish
_____ Vietnamese
_____ Other _____

CERTIFICATION TRAINING INFORMATION

Certification training provides a comprehensive overview of the joint Healthy Families and Medi-Cal for Families application and eligibility determination. The Healthy Families Program offers a web-based training and certification program to NEW Certified Application Assistants. A Reference Manual and other useful training materials are available on-line as resource tools for application assistance. Training is mandatory to provide authorized application assistance to families. At the end of the 5-hour web-based training course, a certification exam will be given and successful candidates will receive a certificate and will become Certified Application Assistants (CAAs) after signing a "CAA Agreement". CAAs have the authority to provide assistance to families.

☐ ***Check this box to request information about the web-based certification trainings.***

TRAINING DOCUMENTATION

Please list all of your staff who have attended certification training and possess "A-level" or "B-level" certificates (see next page). If necessary, attach another sheet of paper. The ITP must include a signed "Certified Application Assistant Agreement" for each of the persons identified and a copy of the signed Agreement must be given to each person. Any person currently with an A-level or B-level certificate who is not identified below is considered inactive.

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A-Level or B-Level Trained Staff	Certified Assistant Number (9 digits)

Your responses to the following questions will help us determine the extent of your projected activity.

	Yes	No
Please pass along my organization's name so that we may be invited to participate in local enrollment events.	☐	☐
My organization will provide presentations in our community about the programs.	☐	☐
My organization is currently working with local schools.	☐	☐
My organization is interested in collaborating with local schools to promote the programs.	☐	☐
My organization will accept walk-in referrals.	☐	☐
My organization is accessible by public transportation.	☐	☐
My organization will have application materials available to help eligible families.	☐	☐

Major cross streets for the location of my organization are:

My organization will accept referrals during the hours of: (Check all that apply)

☐ 8:00 a.m. -5:00 p.m. M-F ☐ After 5:00 p.m. M-F ☐ Other Hours: _____

☐ Saturday Hours: _____ ☐ Sunday Hours: _____ ☐ Available By Appointment

ENTITY AGREEMENT

This document serves as an Agreement the State of California and the Enrollment Entity (EE) for the Healthy Families and Medi-Cal for Families programs (HFP/MCF):

- The State of California agrees to provide enrollment materials and to assign a numerical Certified Application Assistant (CAA) number to each qualified enrollment participant upon successful completion of the certification training and execution of the "Certified Application Assistance Agreement".
- Participating organizations agree to provide all staff and facility resources to perform outreach to the target population. EE agrees to ensure the confidentiality of all applications, records and information received in written, graphic, oral or other tangible forms and to perform enrollment assistance by a CAA. EE agrees to provide a copy of the "Certified Application Assistant and Agreement" form to each CAA.
- The EE and CAA must:
  - Never accept money or premium payments from applicants,
  - Never mail the application for the applicant,
  - Never coach on what information to include on the application regarding income, residency, alienage and other eligibility rules,
  - Act in a professional and courteous manner.
  - Wear a badge that identifies the person's name and CAA number, as well as the EE name and number. The badge can NOT identify the CAA as an employee of the State of California or of the Healthy Families or Medi-Cal for Families programs,
  - Never divulge to any unauthorized person, any information obtained while assisting individuals with their applications, or information obtained in conjunction with a referral.
  - Never coach or recommend one plan/provider over another,
  - Never invite or influence an employee or their dependents to separate from employer-based group health coverage, or arrange for this to occur,
  - Comply with Managed Risk Medical Insurance Board and Department of Health Services fraud prevention policies and safeguards against fraudulent actions,
  - Ensure Section 9 of the application is complete: family signature and date, CAA signature and date, EE number (5 digits) and CAA number (9 digits ending with 'A' or 'B'). Section 9 **MUST** be completed correctly, using an ink pen or typewriter, and contain original signatures.
- No provision of this Agreement shall be considered waived, amended, or modified by either party without prior written and signed authorization from State of California.
- No license, expressed or implied, under any copyrights is granted hereunder to EE.
- EE and the officers, agents and employees of the EE shall act in an independent capacity and not as officers or employees or agents of the State of California in the performance of this Agreement.

TERMINATION AND CANCELLATION

The Department of Health Services, the Managed Risk Medical Insurance Board and the Program partners are not liable to any person for any harm resulting from your organization's actions. The State of California may terminate your participation in the program without cause immediately by a written notice thereof. In addition, the Managed Risk Medical Insurance Board may terminate your participation pursuant to its regulations. You acknowledge that you are a business partner to the HFP/MCF programs and that neither you nor the CAAs have any entitlement to continue providing enrollment services for compensation. This Agreement and all documents attached to or referenced herein, including the Application and Certification Reference Manual, the Healthy Families Program Handbook and the EE's Registration of the Invitation to Participate, constitute the entire Agreement between the EE and the State of California. This Agreement will continue until terminated by the State of California.

MANAGED RISK MEDICAL INSURANCE BOARD

Organization Name

Authorized Name (Please Print)

Authorized Signature

Managed Risk Medical Insurance Board Authorized Signature

Date

Date

Release and Waiver of Liability: The Healthy Families and Medi-Cal for Families Application Assistance Program will be comprised of enrollment entities (EE) that will be assisting families in filling out the HFP/MCF application. This waiver pertains to the EE as undersigned, his/her personal representatives and Certified Application Assistants. EE is not affiliated with the State of California. EE agrees to obey all city, county, state and federal laws and assumes full responsibility for any risk, injury, death or property damage related to the HFP/MCF application assistance whether caused by EE's negligence or otherwise. EE hereby releases, waives, discharges and covenants not to sue The State of California, its originators, participants, members, volunteers, consultants, contractors and sub-contractors for liability, loss, injury, death or property damage arising out of or related to the EE's participation in the HFP/MCF application assistance, whether caused by EE's negligence or otherwise.

CERTIFIED APPLICATION ASSISTANT AGREEMENT

This document serves as an Agreement by, and code of conduct for, the Certified Application Assistant (CAA) for the Healthy Families and Medi-Cal for Families programs (HFP/MCF). As a condition of being certified as a CAA, the State will provide enrollment materials and an assigned, numerical Certified Application Assistant (CAA) number only to qualified enrollment participants upon successful completion of the certification training and execution of this Agreement by the participant.

- The CAA must, and agrees to:
  - Never accept money or premium payments from applicants,
  - Never mail the application for the applicant,
  - Never coach on what information to include on the application regarding income, residency, alienage and other eligibility rules,
  - Act in a professional and courteous manner,
  - Wear a badge that identifies the person's name and CAA number, as well as the EE name and number. The badge can NOT identify the CAA as an employee of the State of California or of the Healthy Families or Medi-Cal for Families programs,
  - Ensure the confidentiality of all applications, records and information received in written, graphic, oral or other tangible forms and to perform enrollment assistance,
  - Never divulge to any unauthorized person, any information obtained while assisting individuals with their applications or information obtained in conjunction with a referral from the State,
  - Never coach or recommend one plan/provider over another,
  - Never invite or influence an employee or their dependents to separate from employer-based group health coverage, or arrange for this to occur,
  - Comply with Managed Risk Medical Insurance Board and Department of Health Services fraud prevention policies and safeguards against fraudulent actions,
  - Ensure Section 9 of the application is complete: family signature and date, CAA signature and date, EE number (5 digits) and CAA number (9 digits ending with 'A', 'B', or 'C'). Section 9 **MUST** be completed correctly, using an ink pen or typewriter, and contain original signatures.
- No license, expressed or implied, under any copyrights is granted hereunder to the CAA.
- CAAs shall act in an independent capacity and not as officers or employees or agents of the State of California in the performance of this Agreement.

TERMINATION AND CANCELLATION

The Department of Health Services, the Managed Risk Medical Insurance Board and the Program partners are not liable to any person for any harm resulting from your organization's actions. The State may terminate your participation in the program without cause immediately by a written or oral notice thereof. You acknowledge that the enrolling entity through which you provide application assistance is a business partner to the HFP/MCF programs and that neither you nor the EE or CAA have any entitlement to continue providing enrollment services or to continue being certified as an EE or CAA. All documents attached to or referenced herein, including the Application and Certification Reference Manual, the Healthy Families Program Handbook and the EE's Registration of the Invitation to Participate, are a part of this Agreement by the CAA. This Agreement shall be in effect commencing on the date signed by the CAA and shall continue unless terminated by the State.

Release and Waiver of Liability: The Healthy Families and Medi-Cal for Families Application Assistance Program will be comprised of enrollment entities (EE) that will be assisting families in filling out the HFP/MCF application. This waiver pertains to the EE as undersigned, his/her personal representatives and Certified Application Assistants. The EE is not affiliated with the State. EE agrees to obey all city, county, state and federal laws and assumes full responsibility for any risk, injury, death or property damage related to the HFP/MCF application assistance whether caused by EE's negligence or otherwise. EE hereby releases, waives, discharges and covenants not to sue the State, its originators, participants, members, volunteers, consultants, contractors and sub-contractors for liability, loss, injury, death or property damage arising out of or related to the EE's participation in the HFP/MCF application assistance, whether caused by EE's negligence or otherwise.

EE #: | | | | | | CAA #: | | | | | | | | | |

Enrollment Entity Name

Name of Applicant Assistant (Please Print)

Signature

Date

SUB-SITE REGISTRATION FORM

*(Please complete this registration form for **all sites** that will be linked to this EE).*

Business Address _____

City _____ State _____ Zip

County _____ Existing EE Number: _____

E-Mail Address _____

Who will be the primary contact for calls from applicants seeking local assistance?

Direct Dial Contact _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Telephone Number ( ) _____ Fax Number ( ) _____

THIS SITE WILL PROVIDE ASSISTANCE IN THE FOLLOWING LANGUAGES:

_____ Armenian	_____ Farsi	_____ Russian
_____ Cambodian	_____ Hmong	_____ Spanish
_____ Chinese (Cantonese)	_____ Korean	_____ Vietnamese
_____ English	_____ Laotian	_____ Other _____